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SERIAL NUMBER 10/798,090	FILING DATE 03/11/2004  RULE	CLASS 514	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. 04-183 (400.147)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

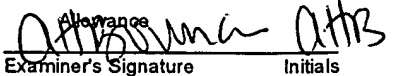
This application is a CIP of 10/757,803 01/14/2004  
 which is a CIP of 10/720,448 11/24/2003  
 which is a CIP of 10/693,059 10/23/2003  
 which is a CIP of 10/444,853 05/23/2003  
 which is a CIP of PCT/US03/05346 02/20/2003  
 and is a CIP of PCT/US03/05028 02/20/2003  
 which claims benefit of 60/358,580 02/20/2002  
 and claims benefit of 60/363,124 03/11/2002  
 and claims benefit of 60/386,782 06/06/2002  
 and claims benefit of 60/406,784 08/29/2002  
 and claims benefit of 60/408,378 09/05/2002  
 and claims benefit of 60/409,293 09/09/2002  
 and claims benefit of 60/440,129 01/15/2003  
 and said PCT/US03/05346 02/20/2003  
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 and claims benefit of 60/408,378 09/05/2002  
 and claims benefit of 60/409,293 09/09/2002  
 and claims benefit of 60/440,129 01/15/2003  
 This application 10/798,090  
 is a CIP of 10/427,160 04/30/2003  
 and is a CIP of PCT/US02/15876 05/17/2002

 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

met Verified and Acknowledged	<div style="text-align: center;">           Examiner's Signature       </div> <div style="text-align: center;">         Initials       </div>	COUNTRY MI	DRAWING 24	CLAIMS 31	CLAIMS 1
ADDRESS 020306 MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP 300 S. WACKER DRIVE 32ND FLOOR CHICAGO , IL 60606					
TITLE RNA interference mediated inhibition of muscarinic cholinergic receptor gene expression using short interfering nucleic acid (siNA)					
FILING FEE  RECEIVED 549	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	